



PATIENT

Minnie IHM Zina

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

15 years

WEIGHT

5.19lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21733

DATE

10/27/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease with evidence of mild progression noted on prior study. Currently, doing well at home. No cough or respiratory issues - decent energy. Does seem a little ore disoriented lately. Grade IV/VI systolic murmur. BP: 140mmHg x 4. Current medications: Pimobendan 1 mg, 3/4 t BID; Enalapril 2.5 mg, 1/4 t SID; Spironolactone 12.5 mg, 1/4 t BID.
Pertinent previous echo findings (MML 4/21): mild LVE, mod LAE, mild TR, LA 2.2, LV 2.5, TR 3.2m/s

ECHOCARDIOGRAM FINDINGS *Limited image set dt patient cooperation.

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is mildly increased with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.2
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.6
LVID diastole (cm)	2.4
PW thickness (cm)	0.5
LVID systole (cm)	1.1
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.67
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.9
TR Vmax (m/s)	NM
TR PG (mmHg)	NM

INTERPRETATION OF THE FINDINGS

Unchanged structural disease. Moderate mitral and mild tricuspid regurgitation persist, with stable left heart dimensions. The right heart appears similar to the prior study, without obvious progression in pulmonary pressures (ie no significant compensatory changes). No additional issues are identified.

Given these findings, continue all medications as prescribed at this time. Prognosis is guarded long-term with continued monitoring advised (stage B2).

RECOMMENDATIONS

- Continue Pimobendan, Enalapril and Spironolactone as prescribed.



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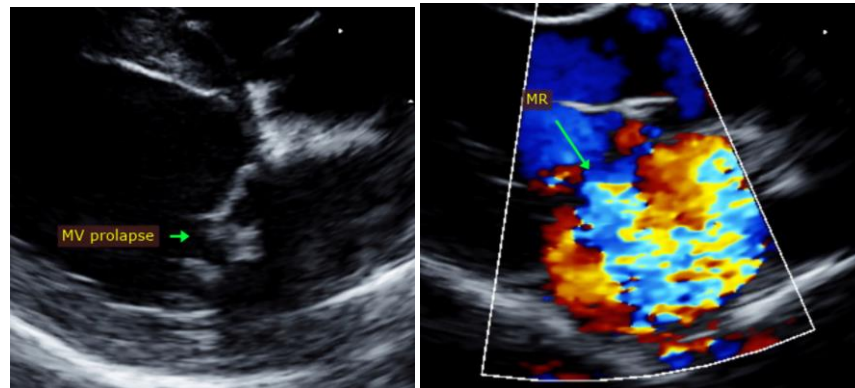
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- Hydrocodone can be utilized for the cough if needed for QOL.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- **Monitor** for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-8 months, sooner if any development of clinical signs.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Maggie Machen Lamy, DVM
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)